

CLAIM FOR DAMAGE, INJURY OR DEATH RESULTING FROM GOLD KING MINE INCIDENT		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		[APPROVED BY NAVAJO NATION DEPT. OF JUSTICE]¹	
1. Submit to: Kenneth A. Redden Claims Officer U.S. EPA Office of General Counsel 1200 Pennsylvania Avenue, NW (MC 2399A) Washington, DC 20460		2. Name, address of claimant, and claimant's personal representative if any (See instructions on reverse). Number, Street, City, State and Zip code. <div style="background-color: black; width: 100%; height: 50px; margin-top: 5px;"></div>			
3. TYPE OF EMPLOYMENT <div style="background-color: black; width: 100%; height: 20px;"></div>	4. DATE OF BIRTH <div style="background-color: black; width: 100%; height: 20px;"></div>	5. MARITAL STATUS <div style="background-color: black; width: 100%; height: 20px;"></div>	6. DATE AND DAY OF ACCIDENT August 5, 2015	7. TIME (A.M. OR P.M.) 11:00 AM	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). <div style="font-size: 1.2em; margin-top: 20px;">Please see Attached Supplement</div>					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). <div style="font-size: 1.2em; margin-top: 10px;">Please see Attached Supplement</div>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). <div style="font-size: 1.2em; margin-top: 20px;">Please see Attached Supplement</div>					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. <div style="font-size: 1.2em; margin-top: 20px;">Please see Attached Supplement</div>					
11. WITNESS					
NAME U.S. EPA, its employees, Agents, Contractors, Subcontractors Environmental Restoration LLC			ADDRESS (Number, Street, City, State, and Zip Code)		
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE <div style="background-color: black; width: 100%; height: 30px;"></div>	12b. PERSONAL INJURY <div style="background-color: black; width: 100%; height: 30px;"></div>	12c. WRONGFUL DEATH <div style="background-color: black; width: 100%; height: 30px;"></div>	12d. TOTAL (Failure to specify may cause forfeiture of your rights). <div style="background-color: black; width: 100%; height: 30px;"></div>		
I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE AMOUNT OF THE CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE. I HEREBY EXPRESSLY RESERVE MY RIGHT TO FILE SUPPLEMENTAL CLAIMS FOR DAMAGES AND INJURIES IN THE EVENT OF ANY FUTURE DISCOVERY OR ASSESSMENT OF ADDITIONAL DAMAGES OR INJURIES CAUSED BY THE INCIDENT ABOVE.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). <div style="background-color: black; width: 100%; height: 40px;"></div>		13b. PHONE NUMBER OF PERSON SIGNING FORM <div style="background-color: black; width: 100%; height: 40px;"></div>		14. DATE OF SIGNATURE 1-30-17	

¹ This form was drafted by the Navajo Nation Department of Justice in an effort to communicate that the claimant is not waiving future rights. There is no guarantee that any United States agency will grant the claim stated on this form. This form does not offer or purport to offer legal advice. Claimants should decide for themselves whether to use this form, the Standard Form 95 provided by the United States Department of Justice, or any other form, and may wish to consult with their own attorney prior to doing so.